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AD NUMBER

AD874144

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FROM:

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AUTHORITY

AGO ltr 29 Apr 1980

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DEPARTMENT OF THE ARMY
HEADQUARTERS 58TH MEDICAL BATTALION
APO San Francisco 96491

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AVCA-MB-GD-BA

12 August 1966

SUBJECT: Operational Report for Quarterly Period Ending 31 July 1966
(CRS-CSFOR-65)

TO: See Distribution

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Section I. Significant Organization or Unit Activities

1. The number of medical units assigned to the 58th Medical Battalion was reduced when the newly arrived 74th Medical Battalion became operational on 5 July 1966.

a. The following units were taken from the 58th Medical Battalion and reassigned to the 74th Medical Battalion effective 5 July 1966:

2nd Medical Detachment (MA)
25th Medical Detachment (MA)
202nd Medical Detachment (MA)
673rd Medical Detachment (OA)

b. The 935th Medical Detachment (KO) was reassigned from the 58th Medical Battalion to the 93rd Evacuation Hospital effective 14 June 1966.

c. This left the 58th Medical Battalion with the following assigned units:

50th Medical Company (Clr)
561st Medical Company (Amb)
616th Medical Company (Clr)

2. 50th Medical Company (Clr)

a. The 50th Medical Company (Clr) arrived in Vietnam on 4 June 1966. The unit debarked from the USNS Gordon at Vung Tau and its personnel were flown to the Bien Hoa airfield and then trucked to the Long Binh area. The unit is presently staging in tents in the Long Binh area.

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ASSISTANT CHIEF OF STAFF FOR FORCE DEVELOPMENT
(ARMY) ATTN: FOR OT UT, WASHINGTON, D.C. 20310

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b. During the unit's staging period from 4 June 1966 to present, it has assisted in staging the newly arrived 24th Evacuation Hospital. The 50th Medical Company (Clr) was given the mission of establishing a complete staging area to include enough tents with floors for approximately two hundred troops of the 24th Evacuation Hospital and to provide an operating mess facility. They also furnished the security for the staging area during construction and for the first few nights after arrival of the 24th Evacuation Hospital.

c. The 50th Medical Company (Clr) has a mission at present of constructing the facility it will occupy (wards and billets) to support the 24th Evacuation Hospital when both units become operational.

d. The 50th Medical Company (Clr) is commanded by Capt. Thomas J. Renville MC.

3. 561st Medical Company (Amb)

a. This unit continued its ground ambulance support mission for the units within its area of responsibility. A major portion of the unit's mission is in Saigon where one platoon of ambulances is utilized in support of the 3rd Field Hospital, the Rice Mill complex, the Strategic Communications Facility, the Saigon Support Command including the dock area, and the 519th Military Intelligence Battalion. The ambulances are also on call for emergencies at the 17th Field Hospital. In addition, medical evacuation runs are made from the 3rd Field Hospital to the 21st Casualty Staging Unit of the Air Force at Tan Son Nhut.

b. The other two platoons are located in Long Binh and have the mission of providing army level ground ambulance support to the 1st Infantry Division at various locations and medical units in the Long Binh and Bien Hoa areas. The medical evacuation runs from the 93rd Evacuation Hospital at Long Binh to the 21st Casualty Staging Unit at Tan Son Nhut are part of the mission performed by the company. The 3rd Surgical Hospital located near Bien Hoa is also supported by ambulances of this unit.

c. The unit had its headquarters and one platoon in Saigon for support of the Saigon area. The other two platoons are located in the Long Binh area. On 28 and 29 July the unit moved its headquarters from Saigon to the Long Binh area. The major portion of the unit is now at Long Binh and is in the process of building billets, showers, latrines, etc. for its new location in which all company elements will be together except for ambulances on commitments, primarily in the Saigon area.

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d. The unit elements from Saigon completed their move from Saigon APO US Forces 96243 to Long Binh, APO US Forces 96491 on 29 July 1966 and remained operational during the move. No problems were incurred during the move.

e. The unit was commanded by Capt. Calbrieth L. Simpson MSC from 1 May 1966 to 25 July 1966. Capt. William J. B. Ross Jr. MSC assumed command on 26 July 1966 and is the present commander.

4. 616th Medical Company (Clr)

a. This unit continued its mission of supporting the 93rd Evacuation Hospital by providing a convalescent holding facility of two hundred bed capacity during the reporting period. This was accomplished with the headquarters and two platoons located adjacent to the 93rd Evacuation Hospital in Long Binh. The remaining platoon is located in Phu Loi and has forty beds set up in support of the 1st Infantry Division Artillery and other support units.

b. The following officers commanded the unit during the reporting period as indicated:

- (1) Maj Paul H. Wengrovitz MC commanded 1 to 3 May 1966.
- (2) Capt John R. Grant MC assumed command on 4 May 1966.
- (3) Capt Frank R. Olney MC assumed command on 10 June 1966.
- (4) Capt David F. Pawliger MC assumed command on 18 July 1966.

5. Hq's and Hq's Detachment, 58th Medical Battalion

a. This unit continued its mission of command, control, and planning to include supply and organizational maintenance support for its assigned units.

b. During the reporting period the following listed officers commanded the battalion:

- (1) Lt Col Lewis A. VanOsdel MC assumed command on 12 April 1966.
- (2) Maj Paul H. Wengrovitz MC assumed command on 9 May 1966.

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(CRS-G3FOR-65)

Section II. Commanders Observations and Recommendations

Part I, Observations (Lessons Learned):

Unit Arrival


Item: "Premature" arrival of unit in-country.

Discussion: 1. The 50th Medical Company (Clr) arrived in Vietnam on 4 June 1966 and is still quartered in a tent staging area. Enlisted personnel have been parcelled out to various neighboring medical units for further on the job training. The Medical Corps Officers, with the exception of the unit commander, were sent on temporary duty to other medical units, both divisional and non-divisional.

2. The 50th Medical Company (Clr) arrived in Vietnam at least sixty to ninety days too soon for proper utilization. It is therefore recommended that incoming medical units be programmed to arrive nearer to the projected operational date when a mission and operational area are available.

Observation: Higher headquarters is cognizant of this problem.

Part II, Recommendations: None


PAUL H. WENGROVITZ
Major MC
Commanding

DISTRIBUTION:

- 3 - ASofS, Force Development, Dept of the Army
(thru channels) Washington D.C. 20310
- 1 - Commander in Chief, U.S. Army, Pacific
ATTN: GPCP-MH, APO 96558
- 3 - Deputy Commanding General, U.S. Army,
ATTN: AVC-DH Vietnam APO 96307
- 1 - Commanding General, 1st Logistical
Command APO 96307
- 3 - Commanding Officer, 68th Medical
Group ATTN: S-3 APO 96491

Info Copies:

- 1 - Commanding Officer, U.S. Army
Support Command, Saigon APO 96307
- 1 - Commanding Officer, Long Binh Sub
Area, APO 96491

AVCA MB-GD-PO (12 Aug 66)

1st Ind

SUBJECT: Operational Report for Quarterly Period Ending 31 July 1966
(CRS-CSFOR-65)

HEADQUARTERS, 68TH MEDICAL GROUP, APO 96491 13 August 1966

TO: ACSEFOR, Department of the Army, Washington, D.C. 20310
Commanding Officer, 44th Medical Brigade, APO 96307

1. HHD, 58th Medical Battalion was operational for the entire period covered by this report.

2. a. Reference Section II, Part I of basic report. This matter was alluded to on page 31 of USARV Medical Newsletter, June-July 1966. (extract inclosed)

b. Real estate in the Long Binh Sub-Area, RVN, for medical units is allocated to this head-quarters by the CO, Long Binh Sub-Area in accordance with the USARV Base Development Plan for Long Binh. This headquarters can request real estate in certain locations of Long Binh but in the final analysis actual location is derived as indicated above.

c. The Commanding Officer, Long Binh Sub-Area would not have granted permission to occupy the land selected for the 50th Medical Company (Clearing) in its original state. It was scrub land, flat and poorly drained. It would not have been possible to erect tents on it. Minimum essential preparation included clearing the land and laying a foundation of laterite. The U.S. Army Engineers have and are doing the work as fast as possible considering their tremendous work-load and the adverse effect of monsoon rains.

d. Because of controls on real estate in RVN it is not possible to select any site desired. We must take what we get and then obtain engineer effort to provide minimum essential preparation.

e. It is realized that it is not always possible to coordinate arrival of a unit with the completion of the site the unit is to occupy. Best possible use is made of all personnel of a unit, especially professional personnel, while the unit's site is being prepared. While the 50th Medical Company (Clearing) is not yet performing its primary mission its professional personnel are being used in patient care and its other personnel have performed a valuable service in staging other units and now preparing its own unit area on a self-help basis. ✓

f. Ideally it would be best if the incoming unit arrived just in time to occupy an already prepared site. I realize this is not always possible. With respect to the 50th Medical Company (Clearing) it could not have become operational even if the land was ready because its equipment was delayed for several reasons and did not arrive until early August.

Long Binh 325/326

Charles C. Pixley
CHARLES C. PIXLEY
LTC, Medical Corps
Commanding

1 Incl ✓
as

EXTRACT OF USARV MEDICAL NEWSLETTER JUNE - JULY 1966

One area which we have been unable to reconcile, is the apparent inability of medical units arriving in Vietnam to accept temporary austere conditions and "get with it" and become operational. Why does a command and control headquarters take weeks or even months to become operational? In at least one case, a full half of a normal tour will be passed before a hospital unit becomes fully operational. It is agreed that the semi-permanent structures being used in Vietnam are desirable and enhance patient care, but we also know that the medical mission can be carried out at least temporarily without buildings. ✓

Inclosure # 1 TO 1234.

AVCA-MB-GD-PO (12 Aug 66)

2nd Ind

SUBJECT: Operational Report for Quarterly Period Ending 31 July 1966.

HEADQUARTERS, 44th Medical Brigade, APO 96307, 25 August 1966

TO: Commanding General, 1st Logistical Command, ATTN: AVC-GO-H, APO 96307

Concur with the provisions of the basic report, and the comments as contained in the 1st Indorsement.

FOR THE COMMANDER:

TEL: Lynx 893

1 Incl
nc


RICHARD M. HERIOT
Major, MSC
Adjutant

AVCA GO-H (12 August 1966) 3rd Ind
SUBJECT: Operational Report for Quarterly Period Ending 31 July 1966
(RCS CSFOR-65)

HEADQUARTERS, 1ST LOGISTICAL COMMAND, APO 96307

9 AUG 1966

TO: Commanding General, United States Army, Vietnam, ATTN: AVHGC-DH

1. Forwarded in accordance with AR 1-19 and USARV Regulation 870-2.
2. Concur with the Operational Report of the 58th Medical Battalion as indorsed.

FOR THE COMMANDER:



Tel: Lynx 834

Glenn A. Doyle
Cpt, AGC
Asst Adjutant General

AVHGC-DH

4th Ind

SUBJECT: Operational Report-Lessons Learned for 4th Quarters FY 1966
(RCS CSFOR-65)

HEADQUARTERS, UNITED STATES ARMY, VIETNAM, APO San Francisco 96307 4 OCT '66

TO: Commander-in-Chief, United States Army, Pacific, ATTN: GPOP-MH
APO 96558

1. The Operational Report-Lessons Learned submitted by the 58th Medical Battalion for the quarterly period ending 31 July 1966 is forwarded herewith.

2. This headquarters concurs with the comments contained in the basic report and the indorsements.

3. Reference Unit Arrival, Part I, Section II: Medical units are normally deployed to RVN in two increments. When the unit is moved to RVN the non-professional personnel establish the unit area. At the same time the professional personnel are placed in a "hold" status in CONUS until the unit is ready to become operational and then flown to RVN to join the unit. This was not done in the case of the 50th Medical Clearing Company because of the relatively small number of professional medical personnel involved. These personnel were properly utilized throughout the reporting period in established medical dispensaries.

FOR THE COMMANDER


W. R. AUTRY
1st Lt, AGC
Asst Adjutant General

1 Incl
as

GPOP-OT(12 Aug 66)

5th Ind

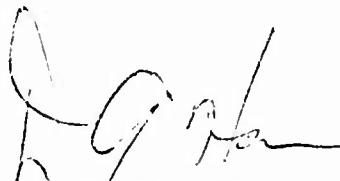
SUBJECT: Operational Report for Quarterly Period Ending 31 July 1966
(RCS CSFOR-65)

HQ, US ARMY, PACIFIC, APO San Francisco 96558 2 NOV 1966

TO: Assistant Chief of Staff for Force Development, Department of the
Army, Washington, D. C. 20310

This headquarters concurs in the basic report as indorsed.
Especially worthy of note is the fact that effective use was made of
all personnel of the 50th Medical Company while its site was being
prepared.

FOR THE COMMANDER IN CHIEF:



D. A. HARRISON
Capt, AGC
Asst AG

1 Incl
nc

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Security Classification

DOCUMENT CONTROL DATA - R & D

(Security classification of title, body of abstract and indexing annotation must be entered when the overall report is classified.)

| | | | |
|--|--|---|-----------------|
| 1. ORIGINATING ACTIVITY (Corporate author) | | 2a. REPORT SECURITY CLASSIFICATION | |
| HQ, OACSFOR, DA, Washington, D.C. 20310 | | UNCLASSIFIED | |
| | | 2b. GROUP | |
| 3. REPORT TITLE | | | |
| Operational Report - Lessons Learned, HQ, 58th Medical Battalion | | | |
| 4. DESCRIPTIVE NOTES (Type of report and inclusive dates) | | | |
| Experiences of unit engaged in counterinsurgency operations, 1 May to 31 Jul 66. | | | |
| 5. AUTHOR(S) (First name, middle initial, last name) | | | |
| CO, 58th Medical Battalion | | | |
| 6. REPORT DATE | | 7a. TOTAL NO. OF PAGES | 7b. NO. OF REFS |
| 12 August 1966 | | 11 | |
| 8a. CONTRACT OR GRANT NO. | | 9a. ORIGINATOR'S REPORT NUMBER(S) | |
| b. PROJECT NO. N/A | | 660182 | |
| c. | | 9b. OTHER REPORT NO(S) (Any other numbers that may be assigned this report) | |
| d. | | | |
| 10. DISTRIBUTION STATEMENT | | | |
| | | | |
| 11. SUPPLEMENTARY NOTES | | 12. SPONSORING MILITARY ACTIVITY | |
| N/A | | OACSFOR, DA, Washington, D.C. 20310 | |
| 13. ABSTRACT | | | |
| 11 | | | |